8TH JUDICIAL DISTRICT COURT UNION COUNTY NM

FILED IN MY OFFICE 11/30/2017 1:31:50 PM BERNABE P. STRUCK DISTRICT COURT CLERK Rhonda Aragon UDICIAL DISTRICT COURT STATE OF NEW MEXICO COUNTY OF UNION CIVIL NO # D-818-CV-2017-00088 Centerior health Care Providus District Judge, Division I COMPLAINT (TORT) This is a tort sult authorized by the New Mexico Tort Claims Act, Chapter 41 N.M.S.A, 1. by a corrections department prisoner who seeks damages for the following: (a) П. District Court has jurisdiction in Tort actions pursuant to the New Mexico Tort Claims Act N.M.S.A. Chapter 41. a Notice of Claim was previously filed with the Risk Management Division pursuant to 41-4-16, N.M.S.A. (1978). a prisoner at the WMW 3. **EXHIBIT**

Defendant(s) le les Houp inc Medical-And-grievance employées
2) M. pagin Pshylician's all stant
3) MR. Janum Medical Servicel administration.
4) and greene Lieutenant J. Beatly.
1) Plaintill Sues each defendant in their full lind in their individuals
2) Copacities, and under the doctains of respondent Superior where applicable.
I Claims against défendantes une Medical malpractice Willful Miglect
2 Willful indifference to Benous Misks and Consequences, Meylegent
3 Superu. Sion and Mental anguish. Violation of Statutes/ Constitution
* (Introduction and hack fround information)
1 upon anoung at Northeastern facility Planty begun having
3) Signiptoms associated with the disease weakness Vonting
4) Juand. C. Symptoms which effected my every day enjoyment and
5) Cause Plainty mental anguist.
6) Soon there Ofter-Plaintiff Sought out Medical Case and letteration for This treatable disease and Supertumb.
1) * lacts and Substantiating facts * Derived medical
2) Plainty was referred to be examined by Pshysician's assistant
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3 M. Pagin who did nothing to treat or Can for Planty.	I disease
6 Steating Plaintiff to Suffer Supptoins and devistating effects of effectively denifying Plaintiff his right to Suck and recent of Care and aftertion for his Serious and deadly the Co	d the disease
8 estille V Samble - 429 U.S at 104.	
9 M Paying failer to bet resulted in Plaintiffs Sufferings 10 Plaintiff his right to obtain Medical Care and dancinged 11 in bodily integraly, M. Paying failure to treat and Care 12 intentionally inflicted Mental and Emotional outrage had 13 Their is a lamber Casual Course took between difindently 14 and Claimants distress.	
15 M. Pagen Owed a duty of Clar to Mant ly Al alliqued Medical 16 She Possessid the knowledge had skill to treat and Can for Possess but failed to exhib. 1 A Health Can Service request	land Response
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5 MIL Januar Jaled to act thus rubber Stamping P. P.	agins declial

4 MR fainum was in a polition to live and prevent deficienties
7 Occurring by those under his supervision, MR famum acted negligentle
8 And Reylegen ly supervised
9 in an official freedome Complaint Medical Staff Outright lied to
1) al Chronic Clinic Check ups.
12 See exh. bill Ohn and treatment by one illestimate reason or the other
13 Plant of Can and treatment for one illegitimate reason or the others
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1) Invance officer J. Beatlef acted degliquet in investigation the
2 Mather his falue to adequate by investigate desulted in Plantiff
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Polices to let.
7 had Drievance officer hit been negligent in handling the greevance
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- :38ed 4.)

NEW M	EXICO CORRECTION	S DEPARTMENT		APR 2 5 2817
	HEALTH SERVICE			- Po55
NAME Mick	Ibn rales	DATE OF	REQUEST 4-6	15-2017
NMCD# 4 <u>8218</u>	DOB 2-23. 79 SITE		UNIT <u>3<i>B</i> (</u>	211
NATURE OF PROBLEM OR REQUI	EST (BE SPECIFIC)	want to	Re Celler	Hep C
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Received Triaged SUBJECTIVE:	initiai	C. Brawley,	LPN A	PR 2 6 2017
OBJECTIVE:				
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ASSESSMENT:			VITAL SIGNS	
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NURSING PROTOCOL NUMBER	Operheeu	barren et		
Nurse's Signature	Date	Time		-
REFER TO:PROVIDERMENTAL HEALTH	NURSING CLINIC	DENTAL	ADMINISTRATOR	
				7
Patient Name	NMCD#	DOB	Facility	1

Form CD-150501.1 Revised 01/25/12 Page 1

NEW MEXICO CORRECTIONS DEPARTMENT
Inmate's Name: 11 (L) ON 20 1 NIMCD#: 48218 Griguer on File #
Inmate's Name: 10 L JON 30 L NMCD#: 48218 Grievance File #: Institution: 18 June 18 J
Date Received by Grievance Officer:
Grievance Officer's Signature:
VINSTRUCTIONS : 12 10 20 12 percent dans apportent 2022 revolves a instançant primate manual de la concession
ppoliteraturaseanuk ja 1915–1957 taretenerjukinga estaerainast arant eraen historinga Aherro provinci berbulla ei pe Salas saan teles tarbite latte salantaen hydros puntus aras informatikatura salah pinaritari pan saha sapa Ashinas alau hamandi Asanta Santaskawin resvilli beladin valerakin tarbingan historiasi santy sagan puntus.
Presponder for a series of the
STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For you grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.
See following (encluded exhibit A. Medical Request Returned denied)
Inmate's Signature: Date: 5-5-2017.
Relief Requested: See following Contained therein
STEP 2 – To Be Completed by the Grievance Officer:
AYour grievance is accepted for consideration. BYour grievance is being returned to you because of the following reason: 1. The grievance is not readable. 2. The matter has been answered in previous grievance #: 3. The grievance concerns material not grievous under present policy. 4. The grievance is a group grievance or petition. (Submit individually.) 5. The grievance is not timely.
6. Other Specify:
Grievance Officer's Signature: Date:

i am being denied Medical attention for My business and deadly thepitius disease.

Nothing what so were to treat the Symptoms nor the disease.

i am Constantly Sich weak and ach.

i Suffer Juandice, and am being denied equal

protections used of the law, due process, and

forced to Suffer Cruel and unusualled

* Aich Sonjale 1 #48218.

Relig Requested. 1 Million dollard - Medical Spractices Changed and fixed. allowed treatment for illness and Significant, intended to treat and Clare and medical informed all hour the right to Siek and obtain medical treatment.

Response to	inma <u>te</u>	<u>Formal</u>	<u>Grievance</u>
KAZDONAG N	/ 11 11 11 1 TO CO.		

	Response to Inmate Formal Grievance
Inmate Name	
	Gonzales, Nick
NMCD#	48218
Date of Formal Grievance	5-5-2017
Date of Incident	4-29-17
Date Received	5-15-17
Date Answered	5-22-17
Nature of Grievance	Patient is requesting HCV treatment
Requested Relief	One million dollars and medical practice change
Response/Resolutio n	Attached is the current guidelines and an email showing current priority of patients being given Hepatitis
	Under the State of New Mexico's guidance, you currently fall into priority 4 Stage 0-1 fibrosis and all other cases of Hepatitis C. You fall into this category because your APRI is 0.361
	Your other disqualifiers are: Disciplinary and Compliance with appointments/medication.
·	You are not being denied medical attention as you are followed by medical in Chronic Clinic and you are able to access medical care through a health service request.
	You are not being denied equal protection under the law because everyone with Hepatitis C must meet the same qualifiers.
	P. Farnum, H.S.A.
Prepared By	F. Fullium, thorn

MEMORANDUM

LXhibit



Northeast New Mexico Detention Facility 185 Dr. Michael Jenkins Road Clayton, New Mexico 88415

Date:

May 25, 2017

www.geogroup.com

To:

Nick Gonzales #48218

cc:

File

From:

J. Beatty Grievance Lieutenant

RE: GRIEVANCE INVESTIGATION AND RECOMMENDATION LOG 17-05-12

On May 15, 2017 Grievance was received from Nick Gonzales #48218. This grievance is filed concerning your medical treatment. You state you are being denied medical treatment for your condition. You are not being denied medical attention as you are treated at Chronic Clinic, You are classified as a Priority 4 as specified in the plans prescribed for treatment and classification. All inmates follow the same qualifiers and classification.

Grievance Lieutenant's Signature		<u>May 25, 2017</u> Date		
STEP 4 – De	cision Of Warden	/Designee:		
Denied ()	Granted ()	Dismissed ()	Resolved (y)	Referred ()
Signature Date Returned	l To Inmate: 5/3	81//7		5-30-17 Date

V. <u>PRAYER</u>

WHEREFORE it is demanded the Court issue judgment against the defendant(s) as follows:
Appropriation of the complete company of the complete company of the company of t
all Coul Costs Paid by defendants but because
of their Conduct this action would not brain
low brought
and:
100,000 dollars in Compensary and puntive damages
Date Respectfully Submitted, ICL JOUR CLV). Signature for Box 1059 Santa for M.M. 87504
[THIS NEXT SECTION MUST BE COMPLETED BEFORE A NOTARY PUBLIC]
I, the Affiant, first being duly sworn have read the foregoing pleading and declare that the information contained therein is true and correct to the best of my knowledge.
/s/
STATE OF NEW MEXICO
COUNTY OF Agnta L.
SUBSCRIBED AND SWORN to before me this 17 day of Scholer, 20 27.
The second secon
OFFICIAL SEAL Fermin Lapez NOTARY PUBLIC My Commission Expires: 5/19/202/
NOTARY PUBLIC (IVIY COMMISSION EXPILES: 19/1/ 12021

My Commission Expires: 5/19